

**PRESENTATION OF THE
BOARD OF DENTAL EXAMINERS**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Wednesday, March 11, 2015
9:00 a.m.

**TESTIMONY ON HOUSE CONCURRENT RESOLUTION NO. 8, REQUESTING A SUNRISE ANALYSIS
OF DENTAL THERAPISTS.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Sandra Matsushima, Executive Officer for the Board of Dental Examiners ("Board"), Professional and Vocational Licensing Division, Department of Commerce and Consumer Affairs. The Board appreciates the opportunity to submit comments on House Concurrent Resolution No. 8, Requesting a Sunrise Analysis of Dental Therapists.

The Board understands that Section 26H-6, Hawaii Revised Statutes, requires that new regulatory measures being considered for enactment be referred to the Auditor for a sunrise analysis. Referral is required to be made by concurrent resolution that identifies a specific legislative bill to be analyzed, which in this case is House Bill No. 257 (2015). The statute further requires that the analysis shall set forth the probable effects of regulation, assess whether its enactment is consistent with the legislative policies of the Hawaii Regulatory Licensing Reform Act, and assess alternative forms of regulation.

Therefore, before regulation, the Board agrees that a sunrise study be conducted on the profession of dental therapists. Thank you for the opportunity to provide comments on House Concurrent Resolution No. 8.

Hawaii State Legislature
State House of Representatives
Committee on Health

State Representative Della Au Belatti, Chair
State Representative Richard P. Creagan, Vice Chair
Committee on Health

Wednesday, March 11, 9:00 a.m. Room 329
House Concurrent Resolution 8 Relating to a Sunrise Analysis of Dental Therapists

Honorable Chair Della Au Belatti, Vice Richard P. Creagan and members of the House
Committee on Health,

My name is Russel Yamashita and I am the legislative representative for the Hawaii Dental Association (HDA) and its 960 member dentists. I appreciate the opportunity to testify in opposition to House Concurrent Resolution 8 Relating to a Sunrise Analysis of Dental Therapists.

The issues relating to this designation has roots going back over 15 years beginning in Alaska where remote villages had to have dental and medical services flown in to service those small, isolated communities. Over the years this designation has evolved from the Alaska concept to a more general position between a dentist and dental hygienist. Only two states, Alaska and Minnesota, have provided recognition for this designation and a third recently enacted legislation to recognize it. Only one university in Minnesota has a curriculum for this designation, but the graduates are generally unable to find employment under this designation resulting in the graduates to seek employment as hygienists or another profession.

As well intentioned this legislation may be, in reality, there has been no showing that this designation has any role to play in the delivery of dental services in Hawaii due to availability and access to dental services from those in private practice, federally qualified community health centers, hospitals, and residency programs. In other words, there is no finding that Hawaii has a problem with traveling hundreds of miles between towns and villages to receive dental care.

At a time where dental resources are limited, instituting this program is really unnecessary and a waste of valuable resources of the Legislative Reference Bureau and the Department of Commerce and Consumer Affairs who would be charged to deal with this sunrise study. Therefore, the Hawaii Dental Association believes this legislation should be held by this committee at this time.



Testimony in Support of **HCR8**, Requesting a Sunrise Analysis of Dental Therapists

Ellie Kelley-Miyashiro, RDH, BS

Regulations and Practice Committee Hawaii Dental Hygienists' Association

March 10, 2015

Dear Respected Members of the Health Committee:

The Hawaii Dental Hygienists' Association (HDHA) applauds your efforts to help solve the problem of inadequate oral health care for Hawaii's underserved. We, as an association strongly feel that more could be done statewide to reach and actively treat the uninsured and underinsured population in low income and rural areas. The development and use of a dental therapist could be the answer to solving the disparity of care commonly seen.

Without access to regular preventive dental services, dental care for many underserved is postponed until symptoms, such as toothache and facial abscess, become so acute that care is sought in hospital emergency rooms. This frequent consequence of failed prevention is not only wasteful and costly to the health care system, but it rarely addresses the problem, as few emergency departments deliver definitive dental services. As a result, patients typically receive only temporary relief of pain through medication and in some acute cases, highly costly, but inefficient surgical care. The CDC estimates that inpatient emergency department treatment costs on average \$6,498 versus preventive treatment costs of \$660. This reveals that on average, the cost to manage symptoms related to dental caries on an inpatient basis is approximately 10 times more than to provide preventive dental care for these same patients.

At the end of 2012, the US Health Resources and Services Administration estimated that 30.6 million people in the country were "unserved" by dental care, primarily because they live in areas with few providers, racial factors, low education or they have inadequate income and are unable to afford proper dental care. Hawaii is in line with this alarming and unfortunate trend.

In an increasing effort to solve this problem, several states have looked to license dental therapists or advanced dental therapists as a lower-cost way to expand access to unserved areas and connect more families to regular dental care. Dental therapists are not a new idea on the worldwide scene. During World War I, New Zealand's government discovered the poor oral health of recruits and in 1923 started the world's first dental



therapist program. Today, the program reaches 97% of all school children, and multiple studies have shown that it produces patient satisfaction, and comparable quality of care to traditional dental practices. This is considered a major public health achievement.

The success of dental therapists in New Zealand fueled their spread around the world. There are currently over 50 countries or territories that are regularly and safely utilizing Dental Therapists. In 2003, the Indian Health Service in Alaska sponsored several Alaskans to train in New Zealand to become dental therapists. When they returned in 2005, their scope of practice was limited to Alaskan indigenous populations. Studies of their work have shown increased access, patient satisfaction and improved, overall oral health. The American Public Health Association (APHA) and the American Association of Public Health Dentists (AAPHD) have both endorsed dental therapists because of these results.

The Alaska dental therapists are officially known by U.S. Public Health Service specifications as Dental Health Aide Therapists (DHATs). Students studying to become dental therapists are now receiving the first year of their two years of formal training in Alaska at the University of Washington's DENTEX Training Center in Anchorage. The second year is at the Yuut Elitnaurviat Dental Training Clinic in the rural community of Bethel. After approximately 3,000 hours of training, DHATs must complete 400 hours in a directly supervised preceptorship program. The Alaska Native Tribal Health Consortium operates the post-secondary vocational training program.

Fast forward to 2009, the Minnesota state legislature passed a piece of legislation creating an two auxiliary dental team members. The Dental Therapist and the Advanced Dental Therapist. Two university-based programs were created to educate dental therapists in Minnesota. The program at the Metropolitan State University in St. Paul is a graduate degree program (master's degree) of two years' duration to train a **dental hygienist** as a dental therapist. Requirements for admission include a baccalaureate degree in dental hygiene. The education program will permit an individual to practice as an Advanced Dental Therapist. The program at the School of Dentistry at the University of Minnesota is currently a baccalaureate degree program open to high school graduates and those with college credits. Completing the four-year curriculum permits practice as a dental therapist, though not as an Advanced Dental Therapist. Provision also exists for a master's degree in the university's plans, which would enable a graduate to practice as an Advanced Dental Therapist.



This last year, 2014, Maine also passed legislation to license a **Dental Hygiene** Therapist. This act, like most states, was brought forward to improve access to Oral Health Care. The bill established a licensure process and scope of practice for dental hygiene therapists. It requires the dental hygiene therapist to be supervised by a dentist licensed in this State. It requires a written practice agreement between the supervising dentist and the dental hygiene therapist and provides rulemaking authority for the Board of Dental Examiners.

The Momentum for a “mid-level” provider has brought the concept of a dental therapist to Hawaii. As the largest association representing Hawaii’s licensed dental hygienists’, HDHA strongly **supports** the intent of **HCR8** to help address the prevention of dental disease among Hawaii’s underserved. In times of dwindling resources, complex access issues, and evidence-based medicine, dentistry and public health, now is not the time to block innovative ways to serve the underserved! Dental hygienists look forward to working toward our common goal of increased oral health care and decreased dental decay for Hawaii’s people.

Thank you for your time and consideration.